



QUALITY CONTROL REVIEW SHEET

Job Number: 103DX90170003.0001.0001.O	Contract Name: START III Region 4 - EP-W-05-054
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Document Title: Integrated Assessment Final SAP		No of Pages:	Level Q 1 <input type="checkbox"/>	Preliminary Draft <input type="checkbox"/>
Project Name/Client: Smokey Mountain Smelters			Level Q 2 <input type="checkbox"/>	Draft <input type="checkbox"/>
			Level Q 3 <input type="checkbox"/>	Draft Final <input type="checkbox"/>
			Level Q 4-6 (Special Review) <input type="checkbox"/>	Final <input type="checkbox"/>
Initiated By: Alicia Shultz	Product Author: Alicia Shultz	Date Initiated:	Date Due to Client:	
QCC: Sandra Harrigan		Estimated Hours:	Specialized Reviews:	
		Due Date: 4/22/09	Regulatory Review <input type="checkbox"/> Other: <input type="checkbox"/>	
			Engineering Review <input type="checkbox"/>	
(Attach Separate QC Review Sheets to Document These Reviews)				

Editorial Reviewer:	Est. Hours:	Date Due:	Review Date:	Signature:
Report Item	No Changes	See Text For Changes	Please Call to Discuss	Comments
Overall Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA - Minor EPA Comments
Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarity, Consistency, Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reference List/Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QCC Confirmation of Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Technical Reviewer:	Est. Hours:	Date Due:	Review Date:	Signature:
Report Item	No Changes	See Text For Changes	Please Call to Discuss	Comments
Intended Scope Stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA Minor EPA Comments
Technical Adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calculations Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures Support Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conclusions Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QCC Confirmation of Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Word Processor:	Est. Hours:	Date Due:	Review Date:	Signature:	
Report Item	YES	NO	N/A	Initials	Comments
Editorial Review Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		NA
Technical Review Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QCC Review Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Production Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distribute Copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

QCC Notes:
See electronic documents for track changes.

QCC Final Confirmation Signature:

Sandra Harrigan

Date: 4/22/09

